



NON-EMPLOYEE TRAVEL REIMBURSEMENT CLAIM

Department of Career and Technical Education
SFN 50521 (Rev. 8/11)

State Capitol 15th Floor
600 E Boulevard Ave Dept 270
Bismarck, ND 58505-0610
Phone 701-328-3180
Fax 701-328-1255

Name		Social Security Number	
Mailing Address		City, State, Zip Code	
Name & Dates of Meeting/Seminar			
Date and Time Travel Began	AM PM	Date and Time Travel Ended	AM PM

Commercial transportation (attach original receipt/coupon)	\$
Taxi fare (attach receipt if over \$10)	\$
Registration fee (attach receipt if paid by claimant)	\$
*Lodging (attach original receipt)	\$
Other – (attach receipts - meals not applicable)	\$
Personal vehicle mileage (round trip)	miles

***See In-State Travel Table for lodging and mileage rates at www.nd.gov/cte/forms**

I certify this request is correct and complete and all expenditures are accurate.

Signature

Date

STATE USE ONLY							
MEALS	IN NORTH DAKOTA			OUTSIDE NORTH DAKOTA			Totals
	Breakfast \$6	Lunch \$9	Dinner \$15	Breakfast 20% GSA Rate	Lunch 30% GSA Rate	Dinner 50% GSA Rate	
Number of Meals							
Number x Rate = Cost							\$
*LODGING	Rate \$ x ____ Night(s) =			(Actual Cost) Rate \$ x ____ Night(s) =			\$
*MILEAGE	Miles @ \$ =			Miles @ \$ _____ =			\$
OTHER EXPENSES							\$
<p>_____ CTE Approval</p> <p>_____ Date</p>							<p>Total Claim</p> <p>\$</p>
Line	Business Unit	Account Object Code	Dept Cost Center	Operating Unit	Class APPN LINE	Fund	Project

Retain a copy for your records.